

# **Multimodal Substance Abuse Prevention**

## **Brief Program Description**

The Multimodal Substance Abuse Prevention project was implemented at a residential treatment center for court adjudicated adolescent males aged 13 to 18. The main purposes of the project were to: 1) determine the effectiveness for reducing substance use/and illegal behavior of each of two intervention programs: a) a triple module skills training classroom program, consisting of Botvin's Life Skills Training, Prothrow-Stith's Anti Violence Program, and Rath's Values Clarification procedure; and b) a program consisting of a group role play procedure and family therapy sessions; 2) to compare the degree of effectiveness of Group A participants, who were provided with the multimodal classroom training, with the effectiveness of Group B, who were provided with the classroom program plus the group role play and family therapy components; and 3) to compare the effectiveness of the interventions on Group A and B, with the Control Group C who did not receive either of the three components.

The program's objectives were for both program groups to have made significantly more positive change than the control group in six key areas: Degree of Drug Use; Degree of alcohol use; Seriousness of illegal offenses committed; Degree of violent illegal offenses committed; Frequency of engaging in the selling of drugs; and Degree of school problems.

Eleven cohorts participated in this program. Three cohorts were planned in advance to be the control cohorts. The remaining eight cohorts were determined, by a random selection method, to be assigned to either Group A or Group B. All cohorts participated in a pre-test, post-test (administered during the last month in residence) and a follow-up administered approximately eight months after discharge was completed.

## **Program Strategies**

The intervention strategies included: 1) a cognitive behavioral social learning training for understanding the effects of drugs, alcohol, and tobacco on health and behavior; learning how to cope with temptations and pressures to continue using drugs; improving self-expression; learning how to control and direct one's behavior; and achieving personal and social skills (Botvin et al ); 2) Controlling tendencies toward violence, and directing one's energies along socially and personally acceptable lines (Prothrow-Stith); 3) clarifying one's values, exploring other values, and attempting to develop and identify with a set of socially acceptable and desired values (Rath's et al).

Group B received the classroom intervention plus group role play and family therapy. Group role play is believed to facilitate both self understanding as well as sensitivity to other people's feelings and experiences. It may also increase social skills and confidence. These groups consisted of five to ten participants.

Family therapy was offered to Group B participants as well. A maximum of 12 sessions were offered. A few families used several additional sessions because they were clearly working constructively on family problems with the therapist and needed more sessions. Family therapy was added as a component because problems in the family environment and system are a major risk factor in substance use; and conversely, may serve as a source of resilience and protection. A few models were used, but one more so than the others: The Functional Family Intervention model, developed by Alexander et al. The adaptation was flexible to fit the needs and socio-economic characteristics of the families.

### **Population Focus**

This program served 299 court adjudicated male adolescents. The race/ethnicity breakdown was 74% African American, 15% White, 8% Puerto Rican, and 2% Asian. Most youth had used alcohol and other substances prior to entering the residential program. The prevalence rates were 79% for alcohol, 82% for marijuana, 72% for cigarette smoking, and 14% for PCP. Most of the youth lived in single-family households. All of the youth had committed at least one serious illegal offense, and were subject to multiple risk factors in the individual, school, peer and neighborhood domains. These included but were not limited to failing academic performance, high absenteeism rates at school, lack of vocational objective, psychological and conduct disorders, lack of adequate discipline, lack of positive male role models, peer groups involved in socially deviant behavior, and high levels of neighborhood poverty, depression, and drug use.

### **Suitable Settings**

The setting utilized in this particular program was a residential treatment for youth offenders. However, the three classroom based components have been used in schools and other settings with teens. The most suitable setting for the family therapy component is at the family home because it allows the therapist access to other family members, family issues are brought into focus more readily in the natural setting of the home than in an office, and the observations are richer in the home environment. However, due to the logistical difficulties of carrying out family therapy in the home because of limited home passes given to the youth in the program, the therapy sessions were sometimes carried out at the residential treatment center.

### **Required Resources**

This information should be obtained from the contact person.

## **Implementation Timeline**

- The Botvin's Life Skills Training consisted of 12 curriculum units taught in 15 class periods. 20 booster sessions, were scheduled during a 4-week period. These sessions are approximately 50 minutes each. Curriculum materials for the LST program include a teacher's manual, a student guide, and a 15-minute relaxation tape.
- The Prothrow-Stith's Anti Violence component was conducted in 20 sessions of 55 minutes each.
- The Values Clarification component was conducted in 20 sessions of 55 minutes each.
- The Group Role Play component was scheduled for 12 weekly sessions
- The Family Therapy intervention was offered for a maximum of 12 weekly sessions.

## **Outcomes**

- The participants in Group A and B combined reported significantly greater reduction at follow-up than the controls (Group C) in drug use, in the perpetration of illegal offenses, and in the selling of drugs.
- Group A alone, compared to the controls, showed significantly greater reduction in drug use. However, an increase in number of cigarettes smoked in the preceding month was reported for Group A compared to Group C. This may be due to a need for more cigarette smoking while they were making an effort to reduce the use of marijuana or other illicit drugs.
- Group A alone, compared to the controls, showed significantly greater reduction at follow-up on the Botvin measures for "Negative Social Input" and for "Uncomfortable in Social Situations."
- Group B alone, compared to the controls, showed significantly greater reduction in illegal behavior, in the selling of drugs, and in school problems.
- Group B compared to Group A reported significantly more reduction in school problems and a greater degree of reduction in problems in communicating with their mothers.
- There was no evidence that the group role-play procedure provided to Group B was responsible for any of the outcome criteria analyzed.

## **Contact Information**

For indepth information on this program, please use the contact listed below.

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